STATE AGENCY ADMINISTRATIVE REVIEW SUMMARY

School Food Authority Name: County Line

Date of Administrative Review (Entrance Conference Date): January 23, 2017

Date review results were provided to the School Food Authority: January 27, 2017

General Program Participation

1.	What Child Nutrition Programs does the School Food Authority participate in? (Select all that apply)						
	X School Breakfast Program						
	X National School Lunch Program						
	☐ Fresh Fruit and Vegetable Program						
	☐ Afterschool Snack						
	☐ Seamless Summer Option						
2.	Does the School Food Authority operate under any Special Provisions? (Select all that apply)						
	☐ Community Eligibility Provision						
	☐ Special Provision 2						
Review	Findings						
3.	Were any findings identified during the review of this School Food Authority?						
	X Yes No						

If yes, please indicate the areas and what issues were identified in the table below.

YES	NO	REVIEW FINDINGS					
X		A. Program Access and Reimbursement					
		YES	NO				
			X	Certification and Benefit Issuance			
		X		Verification			
			X	Meal Counting and Claiming			
			g(s) De				
		1) Ver	ification	n was not completed by November 15 th as required.			
	X	B. Meal Patterns and Nutritional Quality					
	21	YES	NO	eerns and rute teorial Quanty			
			X	Meal Components and Quantities			
			X	Offer versus Serve			
			X	Dietary Specifications and Nutrient Analysis			
		Findin	g(s) De	tails:			
	X	C. School Nutrition Environment					
		YES	NO				
			X	SFA On-Site Monitoring			
			X	Local School Wellness Policy			
			X	School Meal Environment			
			X	Competitive Foods			
			X	Smart Snacks in Schools			
			X	Professional Standards			
			X	Water			
			X	Food Safety			
			X	Storage			

			X	Buy American		
			X	Reporting and Record Keeping		
			X	School Breakfast Program and Summer Meals Outreach		
			X	Other		
		Finding(s) Details:				
	X	D. Civil Rights				
		Finding(s) Details:				
X		E. (Other			
		Finding(s) Details:				
		1) Catered meal income was not reported correctly on the monthly claim for				
		reimbursement.				